



The Group Practice, Stornoway

Health Centre, Springfield Road, Stornoway, Isle of Lewis HS1 2PS
Tel: 01851 703145 Email: wi.grouppractice@nhs.scot

Consulting Doctors:

Dr Brian Michie • Dr Louise Scott • Dr Juanita Macleod • Dr Duncan Simpson • Dr David Fearon • Dr Raphaelle Freeston

SUBJECT ACCESS REQUEST FORM

Date of request				
Received by				
How received (<i>VERBAL, LETTER, EMAIL, ETC.</i>)				
Data Subject (<i>NAME</i>)				
Date of Birth				
Requestor's Name				
Same as Data Subject	Yes	<input type="checkbox"/>	No*	<input type="checkbox"/>
SAR Request Accepted?	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

NOTE: * CONSENT PORTION OF THIS FORM MUST BE COMPLETED BY DATA SUBJECT TO AUTHORISE A 3RD PARTY REQUEST – see overleaf

Contact information	
Address (<i>CONFIRM FIRST LINE OF ADDRESS</i>)	
Landline	
Mobile	
Can we contact you by SMS text message?	Yes <input type="checkbox"/> No <input type="checkbox"/>

NOTE: UP-TO-DATE INFORMATION NEEDED WHEN MEDICAL RECORDS ARE READY FOR COLLECTION

Data Requested (<i>TICK AS APPROPRIATE</i>)		
Full Medical Records	<input type="checkbox"/>	
Partial Medical Records (<i>PLEASE SPECIFY DATES</i>)	<input type="checkbox"/>	
Start date		
End date		
Specific Medical Records (<i>PLEASE TICK ALL THAT APPLY</i>)	Results	<input type="checkbox"/>
	Immunisation summary	<input type="checkbox"/>
	Referral letter(s)	<input type="checkbox"/>
	Clinic letter(s)	<input type="checkbox"/>
	Other (<i>PLEASE SPECIFY</i>)	<input type="checkbox"/>

SUBJECT ACCESS REQUEST FORM

Format

Please tick below to indicate in what format you would like to receive your copy medical records?

Paper Electronic

Patient's Authorisation for Third-Party Request

NOTE: IT IS GROUP PRACTICE POLICY THAT ONLY THE DATA SUBJECT (PATIENT) MAY COLLECT COPY MEDICAL RECORDS. THIRD PARTIES MAY NOT COLLECT COPY MEDICAL RECORDS ON BEHALF OF THE DATA SUBJECT (PATIENT).

I authorise The Group Practice to accept this SAR submitted by

whom I have given consent to act on my behalf.

Name (BLOCK CAPITALS)

Signed

Date

What next?

We are obliged to provide you with the information you have requested within one month (30 days) from the date of your request.

We may contact you during this period if we need further information about your request. We may also contact you to discuss extending this period if we feel that reproduction of your medical records will take a little longer.

We will contact you when your medical records are ready for disclosure.

Note: You will be required to provide photographic ID before we can release your copy records.

Will this cost me anything?

There is no charge for the first request you make.

Subsequent requests may incur a small charge, depending on your requirements; this will be discussed and agreed **before** the request is processed.

Do you need more information?

For further information about how the Group Practice processes, stores or shares your personal information or for further guidance on how you can exercise any of your rights detailed above, please contact our Data Protection Officer:

Name: Jennifer Hepburn
Title: Data Protection Officer
Mail: The Group Practice, Health Centre, Stornoway, Isle of Lewis HS1 2PS
Email: jennifer.hepburn2@nhs.scot
Phone: 01851 703145, ext. 239

OFFICE USE ONLY:

Contact Nos. Data specified Third party auth. Confirm photo ID to collect